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## APPLICANTS

Michael Dewayne Finke, Houston, TX;

 Doyle Raymond Warren, Spring, TX;  
 Cili Sun, Sugar Land, TX; Bipin Kumar Pillai, Houston, TX;

\*\* CONTINUING DATA \*\*\*\*\* none TE

\*\* FOREIGN APPLICATIONS \*\*\*\*\* none TE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 8	TOTAL CLAIMS 92	INDEPENDENT CLAIMS 17
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

 30652  
 CONLEY ROSE, P.C.  
 5700 GRANITE PARKWAY, SUITE 330  
 PLANO, TX  
 75024

## TITLE

Downlink telemetry system

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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